

U.S. Department of Justice  
United States Marshals Service

## PROCESS RECEIPT AND RETURN

See Instructions for "Service of Process by the U.S. Marshal"  
on the reverse of this form.

PLAINTIFF

Matthew John Matagrano

COURT CASE NUMBER

9:05 CV 1459

DEFENDANT

REGINA MILES, et al;

TYPE OF PROCESS

SUMMONS AND COMPLAINT

SERVE

NAME OF INDIVIDUAL, COMPANY, CORPORATION, ETC., TO SERVE OR DESCRIPTION OF PROPERTY TO SEIZE OR CONDEMN

MS. Christine, c/o M.H.U. Elmira Correctional Facility

ADDRESS (Street or RFD, Apartment No., City, State and ZIP Code)

AT

Po. Box 500 Elmira, N.Y. 14902-0500

SEND NOTICE OF SERVICE COPY TO REQUESTER AT NAME AND ADDRESS BELOW:

MATTHEW JOHN MATAGRANO  
CH 163762 DH 04A5863  
CENTRAL NEW YORK PSYCHIATRIC CENTER  
PO. Box 360  
Marey NY 13403-0300Number of process to be  
served with this Form - 285

1

Number of parties to be  
served in this case

9

Check for service  
on U.S.A.SPECIAL INSTRUCTIONS OR OTHER INFORMATION THAT WILL ASSIST IN EXPEDITING SERVICE (Include Business and Alternate Addresses, All  
Telephone Numbers, and Estimated Times Available For Service):

Fold

U.S. DISTRICT COURT - N.D. OF N.Y.

FILED

JAN - 8 2007

AT O'CLOCK

Lawrence K. Boorman, Clerk, Syracuse

TELEPHONE NUMBER

DATE

11/23/05

Signature of Attorney or other Originator requesting service on behalf of:

☒ PLAINTIFF  
☐ DEFENDANT

## SPACE BELOW FOR USE OF U.S. MARSHAL ONLY — DO NOT WRITE BELOW THIS LINE

I acknowledge receipt for the total  
number of process indicated.  
(Sign only first USM 285 if more  
than one USM 285 is submitted)

Total Process

District  
of Origin

No. \_\_\_\_\_

District  
to Serve

No. \_\_\_\_\_

Signature of Authorized USMS Deputy or Clerk

Date

I hereby certify and return that I ☐ have personally served, ☐ have legal evidence of service, ☐ have executed as shown in "Remarks", the process described  
on the individual, company, corporation, etc., at the address shown above or on the individual, company, corporation, etc., shown at the address inserted below.☒ I hereby certify and return that I am unable to locate the individual, company, corporation, etc., named above (See remarks below)

Name and title of individual served (if not shown above)

☐ A person of suitable age and dis-  
cretion then residing in the defendant's  
usual place of abode.

Address (complete only if different than shown above)

Date of Service Time am  
pm

Signature of U.S. Marshal or Deputy

R Clarke

Service Fee

8.00

Total Mileage Charges  
(including endeavors)

Forwarding Fee

Total Charges

8.00

Advance Deposits

Amount owed to U.S. Marshal or

Amount of Refund

REMARKS:

service via regular mail 12/29/06  
USM 299 received WE



STATE OF NEW YORK  
DEPARTMENT OF CORRECTIONAL SERVICES  
ELMIRA CORRECTIONAL FACILITY

P.O. BOX 500  
ELMIRA, NEW YORK 14902

Brian Fischer  
Actg. Commissioner

607-734-3901

John W. Burge  
Superintendent

January 3, 2007

05-cv-1459

U.S. Department of Justice  
United States Marshals Service  
Northern District of New York  
P. O. Box 7260  
Syracuse, New York 13261

RECEIVED  
USMS - NDNH  
2007 JAN -4 A 11:13

RE: Matthew John Matagrano vs. Regina Miles, et al

To Whom It May Concern;

I have received a summons addressed to Ms. Christine %MHU. This employee does not work for the Department of Corrections. You will have to determine her last name and mail this to the Department of Mental Hygiene.

Respectfully Submitted,

A handwritten signature in cursive script that reads "Mary C. Carr".

Mary C. Carr  
Clerk II, Inmate Records

c.c.:

enclosures